APPENDIX 4

Date: February 25, 2004

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Top Medical Doctors and Scientists Urge Major Media Outlets to Stop Perpetuating "Crack Baby" Myth

Signatories from Leading Hospitals and Research Institutes in US and Canada Agree That Term Lacks Scientific Basis and Is Dangerous to Children

Letter Sent to Washington Post, Arizona Republic, LA Weekly, Charleston Post and Courier, Amarillo Globe-News and Other Media Using These Terms

On February 25, 2004 thirty leading medical doctors, scientists and psychological researchers released a public letter calling on the media to stop the use of such terms as "crack baby" and "crack addicted baby and similarly stigmatizing terms, such as "ice babies" and "meth babies." This broad group of researchers agrees that these terms lack scientific validity and should not be used.

Motivated by a New Jersey case in which the label was used to explain away apparent efforts by the parents to starve some of their adopted foster children, these leading doctors and researchers collaborated to write a consensus statement requesting that the media stop using such terms.

Members of the consensus group agree "These pejorative labels result in damaging stigma that hurts the children all of us are working so hard to protect."

The full text of this letter with a complete list of signatories is attached. It is also available at: http://www.jointogether.org/sa/files/pdf/sciencenotstigma.pdf

Open Letter to the Media

February 25, 2004

To Whom It May Concern:

As medical and psychological researchers with many years of experience studying addictions and prenatal exposure to psychoactive substances, we are writing to request that the terms "crack baby" and "crack addicted baby" be dropped from usage. These terms and similarly stigmatizing terms, such as "ice babies" and "meth babies," lack scientific validity and should not be used.

Despite the lack of a medical or scientific basis for the use of these pejorative and stigmatizing labels, they have been repeatedly used in the popular media, in a wide variety of contexts and across the country. Just a few examples include the Washington Post ("She taught a class of about eight kids, ages 3 to 6, in Charlottesville when her husband, Rob, was attending business school at the University of Virginia. Some of the children just had speech delays; others were *crack babies*.") Ylan Q. Mui, Including Ashley, Washington Post Magazine (Nov. 9, 2003, at W22); LA Weekly (California) ("Some widows take up tennis, or volunteer to be museum docents or to hold *crack babies* down at County hospital") Michelle Huneven, Atwater Rising (Sept. 12, 2003 pg. 38); The Arizona Republic ("But the number of removals was rising in the four months before that, up 13 percent after the 2001 death of a *crack baby* was made public last summer.") Karina Bland, CPS Taking More Children; New Effort May Stir Trouble Experts Say (July 5, 2003 pg. 1A); The Post and Courier (Charleston, SC) ("The defendants had asked the Supreme Court to again consider the issue of whether the women knew their urine was being screened for drugs, as part of a 1989 policy designed to stop the *crack baby* epidemic.") Herb Frazier, Supreme Court Won't Review MUSC Case; Trial Will Determine Damage Awards for 10 Pregnant Women on Cocaine, (June 17, 2003, pg. 3B); Amarillo Globe-News, Jim McBride, Women Indicted in '*Crack Baby*' Case (Feb. 6, 2004, pg. 1A) (italics added throughout).

Throughout almost 20 years of research, none of us has identified a recognizable condition, syndrome or disorder that should be termed "crack baby." Some of our published research finds subtle effects of prenatal cocaine exposure in selected developmental domains, while other of our research publications do not. This is in contrast to Fetal Alcohol Syndrome, which has a narrow and specific set of criteria for diagnosis.

The term "crack addicted baby" is no less defensible. Addiction is a technical term that refers to compulsive behavior that continues in spite of adverse consequences. By definition, babies cannot be "addicted" to crack or anything else. *In utero* physiologic dependence on opiates (**not** addiction), known as Neonatal Narcotic Abstinence Syndrome, is readily diagnosed, but no such symptoms have been found to occur following prenatal cocaine exposure.

That these concerns are not merely academic is vividly illustrated by the fact that the media's use of these terms has led to a situation in which children can be starved and abused and the "crack baby" label can be used to excuse the results. The *New York Times'* coverage of the New Jersey

family that allegedly starved four of their adopted sons provides a compelling and tragic example of how the stereotype of the "crack baby" is not only scientifically inaccurate, but potentially dangerous to the children to whom it is applied. On October 28, 2003, Lydia Polgreen, in "Uneven Care Not Unusual in Families, Experts Say," reported that the family used this label as an explanation for the children's apparent lack of growth: "In the Jacksons' case, the couple told friends, neighbors and people who went to their church that the four brothers had been born addicted to crack cocaine and had an eating disorder." Several days later, in another story on the same children, "Amid Images of Love and Starvation, a More Nuanced Picture Emerges" (November 2, 2003), Leslie Kaufman and Richard Lezin Jones reported that "if anyone asked about the little ones, they were told that the children had some fetal alcohol and crack baby syndromes, and that's why they would never grow."

While these references are indirect quotes from sources, another *New York Times* story that used this term and the many uses of the term by other media outlets validated this usage. In "In Home That Looked Loving, 4 Boys' Suffering Was Unseen" (October 28, 2003), the *New York Times* reported that "Michael, the youngest, was *born a crack baby* before being taken in" (italics added).

We are deeply disappointed that American and international media continues to use a term that not only lacks any scientific basis but endangers and disenfranchises the children to whom it is applied.

We would be happy to furnish an extensive bibliography if requested or to send representatives to meet with the staff or editorial boards of your paper, journal, or station and to give you more detailed technical information. Please feel free to contact Dr. David C. Lewis, M.D., 404-444-1818, david_lewis@brown.edu, Professor of Alcohol and Addiction Studies at Brown University, who has agreed to coordinate such requests on our behalf and who can provide you with contact information for the researchers listed below in alphabetical order.

Sincerely,

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